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Children's Coping with Peer Rejection Experiences: The Regulating Role of Emotion

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Children's Coping with Peer Rejection Experiences: The Regulating Role of Emotion

A thesis submitted in partial fulfillment of the requirements for the degree of Master of
Science at Virginia Commonwealth University

by

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Abstract

CHILDREN'S COPING WITH PEER REJECTION EXPERIENCES: THE
REGULATING ROLE OF EMOTION

By Kimberly Goodman, B.S.

A thesis proposal submitted in partial fulfillment of the requirements for the degree of
Master of Science at Virginia Commonwealth University

Virginia Commonwealth University, 2006

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The primary purpose of this investigation was to examine the role of emotions as predictors of children's coping responses to peer rejection experiences. This study also explored how children's emotional experience and coping behaviors were related to gender, peer socialization (i.e., receiving prosocial acts by peers and previous victimization experiences), and indices of psychopathology. Children ages 7-12 (N=53) completed questionnaires to assess emotional and coping responses to hypothetical peer rejection scenarios, symptoms of depression and anxiety, and peer experiences. Overall, findings suggested that emotion-related factors (emotion states and more stable "emotional tendencies" such as psychological symptoms) and social context (i.e., children's prosocial peer experiences and victimization) are important predictors of children's coping with peer rejection. Children's emotions predicted coping responses after controlling for peer experiences. Discrete emotions were uniquely associated with coping responses, indicating that coping responses are emotionally-driven. Finally,

gender emerged as a predictor of children's emotions in response to rejection experiences. Girls were more likely than boys to anticipate feeling sad or worried in response to rejection. These findings provide an empirical foundation for future research and the development of interventions to facilitate adaptive reactions to peer rejection.

Introduction

The phenomenon of “peer rejection” or active dislike by peers has gained attention as an overlooked but especially destructive problem among youth (e.g., Bierman, 2004; McDougall, Hymel, Vaillancourt, & Mercer, 2001). Although the terms bullying, peer victimization, and peer rejection are semantically different, they are empirically and conceptually linked. Studies consistently link peer victimization and rejection to psychological maladjustment outcomes such as depression and anxiety (see Hawker & Bolton, 2000; McDougall et al., 2001; Swearer, Grills., Haye & Cary, 2004, for reviews). A better understanding of individual-level factors associated with children’s behavioral, cognitive, and emotional responses to peer rejection and victimization can help to refine intervention programs for these children (Bierman, 2004).

Several researchers have posited that the ways in which children respond to rejection experiences may mediate or moderate the impact of those experiences on their overall adjustment (e.g., Gaylord, Kutzmann & Lockwood, 2003; Sandstrom, 2004; Zakriski, Jacobs & Coie, 1997). A growing number of research studies have applied a stress and coping framework to the study of peer rejection and victimization. Such literature has importance from an applied perspective, because a better understanding of individual and contextual factors associated with victims’ coping strategies should point towards unique intervention needs.

While theorists have highlighted the role of emotion regulation as an important process in children’s social competence and peer relations, empirical literature has largely overlooked the nature (intensity and type) of children’s emotional experience in coping

with peer stress. A modest body of research has examined cognitive processes (e.g., appraisal and attribution) associated with children's coping in the context of peer victimization, although the present review found only one study that has examined children's specific emotional responses to peer victimization and related coping behaviors (Kochenderfer-Ladd, 2004). While cognitions can shape emotional experience, the causal processes of emotion and cognition are generally assumed to be reciprocal (e.g. Ekman, 1999; Izard., Fine, Mostow, Trentacosta, & Campbell, 2002). Nevertheless, intervention programs often focus on cognitive and behavioral aspects of social competence, while the role of emotions and affective education (e.g., emotion recognition) are often overlooked (Bierman, 2004; Izard, 2002; Southam-Gerow & Kendall, 2002). Recent research has highlighted the need for empirical studies that examine specific emotions associated with children's responses to peer rejection and victimization (e.g., Bierman, 2004; Kochenderfer-Ladd, 2004; Nishina & Juvonen, 2005; Sandstrom, 2004). Providing the impetus for the present study is the twofold question, *Why do children select different coping strategies in the face of similar rejection experiences, and what is the role of children's emotional reactions in this process?*

This study will build on recent research (Kochenderfer-Ladd, 2004; Sandstrom, 2004) by considering the role of discrete emotions in children's affective reactions and coping responses to peer rejection experiences. The proposed study will also consider how children's emotional experience and coping behaviors are related to gender, peer socialization (i.e., receiving prosocial acts by peers and previous victimization experiences), and indices of psychopathology. This study will extend previous research

by including emotional specificity in a stress and coping framework, and by exploring the unique and combined contributions of several predictors presumed to influence children's coping with rejection and subsequent adjustment. A discussion of definitional and conceptual issues is presented here, followed by a synopsis of theoretical and empirical literature to highlight factors associated with children's coping with peer rejection.

Review of the Literature

Rejection, victimization, and bullying

Peer Rejection. It is important to consider that the *experience* of rejection is different from the *status* of rejection. Most studies examine peer rejection in terms of sociometric status, or the extent to which members of a peer group like or dislike a child. The extent to which a child is rejected can be assessed using peer ratings or nominations that gauge group sentiment toward other children or social reputation. Sociometric status or social standing can be assessed by asking children to name the individuals (e.g., classmates) whom they do not like or with whom they do not want to play. While the child's rejected status can be determined by the proportion of peer nominations within the group, this measurement tells us relatively little about the phenomenology of rejection experiences.

What is the experience of peer rejection? Although relatively little empirical research has investigated peer rejection as an experience or observable behavior, one important observational study by Asher, Rose, and Gabriel (2001) has addressed this question. Asher et al. found that peer rejection behaviors fell into six categories: exclusion or termination of social interaction, denial of social access, aggression,

dominance, moral disapproval, and involving a third party. Based on these findings, it would seem that the experience of rejection can be very similar (if not identical) to experiences of victimization and bullying. Behaviors of peer rejection highlighted by Sandstrom (2004) as “everyday” or “common” experiences include milder forms of victimization (social exclusion and teasing) are described below.

Peer Victimization. Victimization includes harassment and intimidation by peers that can be direct (physical and verbal) confrontation or indirect, subtle (relational) victimization (Crick & Bigbee, 1998). Relational victimization can include malicious gossip or organized social exclusion (Crick & Grotpeter, 1995). Although relational aggression is conceptually distinct from rejection, common scenarios in which peer rejection is manifest (e.g., teasing, taunting, and social exclusion) overlap with relational aggression (Asher et al., 2001; Bierman, 2004; Sandstrom, 2004).

Bullying. The phenomena of bullying are closely aligned with the description of peer victimization above, as bullying can include direct or indirect aggression. Children who are bullied are repeatedly targeted in a relationship characterized by an imbalance of power. It is this imbalance of power, the bully’s intent to harm or intimidate another child, as well as the repeated nature of harassment that distinguishes bullying from aggression (Olweus, 1993; Smith & Sharp, 1994). According to Smith and Sharp (1994), aggressive behavior of the bully is intended to harm the victim psychologically, socially, or physically. Whereas indirect (relational aggression) is often included in researchers’ definitions of bullying (Pellegrini, 1998), children do not always include relational aggression in their conceptualization of bullying (Naylor, Cowie, & del Rey, 2001).

Overlap and implications for research synthesis. Because experiences of bullying, victimization and peer rejection are conceptually similar, research on children's coping with these stressors should have considerable overlap. For this reason, the current study will draw on literature pertaining to all three phenomena (bullying, victimization, and rejection), but will most often refer to "rejection" as a construct that subsumes victimization and bullying experiences. Bierman (2004) has emphasized that peer rejection is not a child characteristic, but a dynamic social process, in which children's peer interactions and responses are essential. A transactional relationship exists in which children's negative peer experiences interact with their subsequent behaviors (e.g., aggression and withdrawal), emotions (e.g., anger, anxiety, and sadness), and cognitions (e.g., goals, attributions of blame or importance) to predict rejected status and psychological adjustment.

Coping

Coping is viewed as an ongoing, dynamic process that adapts to the changing demands of a stressful encounter or event. A frequently quoted definition of coping from Lazarus and Folkman (1984) is "constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person" (p. 141). Since initial research (e.g., Folkman and Lazarus, 1985) that popularized the terms "emotion-focused" and "problem-focused" coping in adults, the field has advanced to consider more specific categories of coping. This is particularly true for coping research in children and adolescence, which appears to have grown exponentially over the past 15 years.

Several categories of coping considered to be more useful and applicable to youth coping research were highlighted by Compas, Connor, Saltzman, Thomsen, & Wadsworth (2001). One essential classification scheme involves primary control coping (defined as efforts to influence events or conditions, similar to problem-focused coping) and secondary control coping (defined as efforts to adapt to current conditions, similar to emotion-focused coping). This two-factor theory of coping (Rothbaum, Weisz, & Snyder, 1982) is similar to the Lazarus and Folkman model in that coping is goal-directed, although control coping goals are more clearly focused on enhancing control over the self or the environment. The two-factor theory of coping may have particular utility for research on children's coping with peer rejection, since peer rejection is sometimes conceptualized as a relatively controllable stressor that is brought about by the disliked child (Zakrski et al., 1997). Both primary and secondary control coping efforts are considered volitional coping, since these coping behaviors are conscious, deliberate efforts in response to stress.

The division between volitional and involuntary stress responses has also been emphasized by Compas et al. Responses to stress can be classified as controlled (volitional) or automatic (involuntary) processes. Controlled processes—also defined as coping—are conscious, volitional efforts to regulate cognition, behavior, emotions, physiology, and the environment in response to stress. Involuntary or automatic processes may involve intrusive thoughts, physiological responses, emotional arousal and impulsive responses (Compas et al, 2001).

Existing research in children's coping with peer victimization and rejection seems to have overlooked this classification scheme. It is only within the past five years that a youth coping measure, the Responses to Stress Questionnaire (RSQ), has been established to distinguish volitional and involuntary coping responses, as well as primary and secondary control coping (Connor-Smith, Compas, Wadsworth, Thomsen, & Saltzman, 2000). Voluntary and involuntary responses to stress can be further distinguished along the dimensions of engagement and disengagement. Connor-Smith et al. (2000) consider both involuntary engagement responses (e.g., rumination) and involuntary disengagement responses (e.g., inaction) outside of the realm of coping because such responses are not under volitional control. Nevertheless, cognitive rumination has been investigated as a "coping" response to peer rejection (e.g., Sandstrom, 2004). Derryberry et al (2003) have also pointed out that the factor structure put forth by Connor-Smith et al. is useful to consider from a temperament perspective, as engagement (approach) and disengagement (avoidance) seem to map onto temperament constructs (see discussion later).

Predictors of Coping Responses to Peer Victimization and Rejection

An overview of relevant empirical and theoretical literature related to children's coping with peer rejection is presented here to provide further background and rationale for the proposed study. Understanding children's responses to peer rejection presents considerable complexity, because it requires a consideration of several factors: individual-level processes (affect, cognition, and psychological adjustment), fixed individual factors (e.g., gender), and environmental/contextual/ecological factors (e.g.,

peer victimization and prosocial peer support). Briefly, this study considers a basic framework (see Figure 1) in which (a) the peer rejection experience (stressor) evokes (b) an emotional response that is influenced by several individual-level factors or processes (e.g., emotional traits, appraisals, schemas) as well as environmental factors (e.g., previous peer experiences) that contribute to (c) selection of coping behaviors. The following discussion will address the role of emotional, cognitive, and environmental factors related to coping, considering how these factors are related to one another in multidirectional and reciprocal ways.

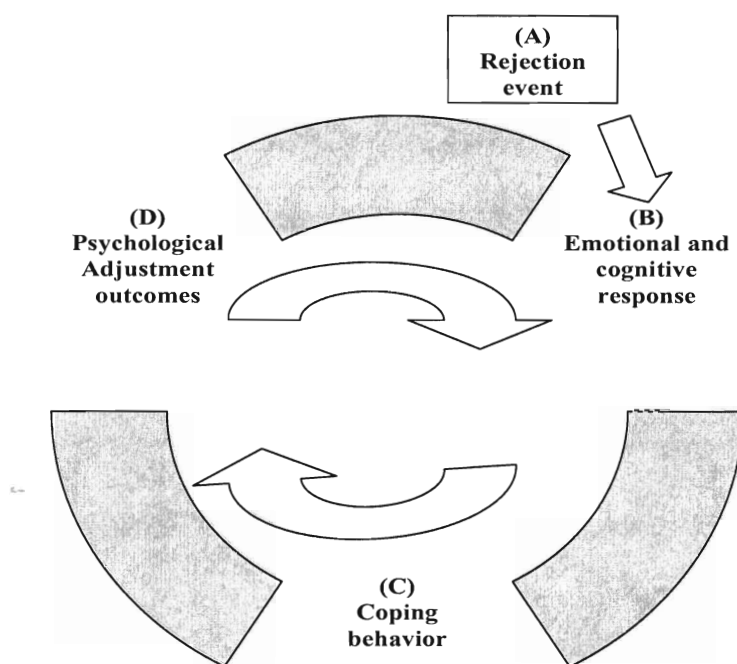


Figure 1.

Conceptual framework for processes implicated in children's emotional and coping responses to peer rejection.

Emotion-related factors

This study is based on the premise that emotions are motivational states associated with cognitions (e.g., appraisals and intentions) and behaviors, and that children's unique emotional reactions to identical rejection experiences is important for understanding their choice of coping behaviors. Understanding the role of children's emotional experience as it relates to coping is important from both basic and applied research perspectives. Basic research would benefit from a greater understanding of the associations between discrete emotions and patterns of emotions or affective reactions, cognitions, and behavior. From an applied perspective, many school-based intervention and prevention programs might benefit from research that links emotional experience with behaviors. While some programs such as Lochman's Anger Coping Program (Lochman & Larson, 1992) and Greenberg's PATHS curriculum (Greenberg, Kusche, Cook, & Quamma, 1995) do explicitly incorporate discussion of emotions, Izard (2002; see also Southam-Gerow & Kendall, 2002) has argued that interventions should do more to teach children the adaptive functions of emotions in an effort to help children adaptively cope with their emotions. A larger empirical base that links children's subjective experience of emotion (i.e., children's labeling of their own emotions or self-emotion recognition) with their behaviors and cognitions in response to identical interpersonal stressors could provide a foundation on which to build more affect-centered interventions.

Hierarchy of Affect

Rosenberg (1998) has proposed a framework for the organization of affective processes, in which she labels affective traits, moods, and emotions as three levels in a

hierarchical model. Affective traits permeate moods and emotions, and moods bias emotions. Affective traits are stable predispositions toward certain types of emotional responding that “set perceptual thresholds” for the occurrence of particular emotional states and bias cognitive processes (e.g., attributions, social judgment). Thus, in response to identical peer rejection experiences, unique dispositions or temperamental characteristics would also differentially predict attributions, emotional experiences, and behavioral responses. For example, an anxious child would perceive trait-congruent emotional information (threat) and experience a trait congruent emotion (worry). There is a dynamic multi-directional relationship between the three levels of affect and cognitive processes. However, traits are more diffuse and chronic than emotions, and it is assumed that they have a more enduring effect on cognitions and behaviors. Emotions exert a more direct—but transient—influence on cognitions and behaviors.

Affective Traits: Temperament as a Regulator

Derryberry et al (2003) have also discussed the role of temperament—a construct that encompasses positive and negative emotionality, as well as self-regulatory capacities (e.g., attentional control)—as a characteristic that is closely aligned with coping behavior. Just as affective traits have a pervasive influence on state affect, cognitions and behaviors, temperament has an enduring effect on cognitive schemas that influence emotional and behavioral tendencies. Temperament is conceptualized along the continuum of individual orientations for approach/reward (associated with an externalizing-impulsive disposition) and for avoidance/punishment orientations (associated with an anxious disposition). Temperament is conceptually distinct from

psychopathology (an product of temperament and environmental factors), although there is substantial overlap in how these constructs are measured and how they are associated with behavioral patterns (see Frick, 2004). Derryberry et al. (2003) have also conceptualized temperamental systems as coping mechanisms, such that personality differences are a function of individuals' coping tendencies and the efficiency of such coping behaviors (p. 1051)].

Affective States: Emotions as Regulators

Emotions as adaptive motivational states. Several theorists posit that discrete emotions are associated with distinct motivational and adaptive functions (e.g., Lazarus, 1991; Izard 1977). This framework is useful to illustrate how discrete emotions are associated with specific coping responses. For example, sadness can motivate individuals to evaluate their source of distress and to strengthen social support networks (Izard, 1977). Anger in response to perceived intentional injury or insult is associated with self-justification and aggression (Averill, 1983). In the context of interpersonal transgressions, guilt is associated with a drive toward reparative actions, while shame is associated with a desire to hide (Tangney, 1995).

Specific emotions and coping with peer victimization. Kochenderfer-Ladd (2004) has emphasized the need for investigators to consider specific emotional experiences in relation to children's coping responses to peer aggression. In her 2004 study, Kochenderfer-Ladd found that fear predicted advice seeking, while anger and embarrassment predicted revenge-seeking behavior. Because coping strategies predicted subsequent internalizing problems and future peer victimization, Kochenderfer-Ladd

posited that certain strategies were “adaptive” (e.g., support seeking) and other strategies were “maladaptive” (e.g., revenge seeking). However, because coping strategies and associated outcomes are embedded in social context, coping behaviors should only be considered “effective” or “adaptive” in context (Calkins & Thompson, 1996).

Inducing Positive Affect as Coping. Negative emotions such as anger are thought to have a narrowing effect on consciousness, while positive emotions can broaden one’s psychological options (Rosenberg, 1998; Fredrickson, 1998). Fredrickson (1998) suggests that positive emotions broaden and build a person’s thought-action repertoire, so that one might pursue novel and creative paths of thought and action. It is suggested that people cultivate positive emotions at opportune moments to help cope with negative emotions (Fredrickson, 2001). Thus, coping behaviors that successfully enhance positive affect would be considered “adaptive” for most children, even behaviors that fall under the rubric of “distraction coping”, a disengagement coping strategy. However, most coping responses that are intended to induce positive affect would fall under the categories of primary and secondary engagement.

Emotion regulation and coping

The example of positive affect above illustrates how emotions have regulatory effects on behaviors, cognitions, and future affective states. Indeed, several reviewers have noted that the term “emotion regulation” refers to emotions as regulators of behavior and as regulated experiences (e.g., Southam-Gerow & Kendall, 2002; Campos et al., 2004; Cole, 2004). Whether extrinsic or intrinsic processes are used to regulate emotions, the term emotion regulation is often (but not always—see Eisenberg, 2004 for

a review) a planful act that involves reordering of emotions and the generation of new emotions. Cole has raised the point that emotions are constantly regulated (from the moment they are generated); the construct of emotion regulation as inextricably linked with emotion raises conceptual and methodological challenges. Differentiating emotion regulation from coping presents another conceptual challenge, although Eisenberg (2004) has emphasized that in addition to the volitional nature of coping, coping refers to efforts to modulate the effects of *stressful circumstances*. Because stressful circumstances generally elicit emotion, it is difficult to disentangle emotion regulation from coping.

Empirical evidence for the role of emotion regulation in victimization. Schwartz et al. (2001) have found that chronic peer victimization is a function of intense emotional reactions in addition to impaired emotion regulation abilities. In other words, children with high emotional reactivity who are also deficient in their abilities to regulate such emotions are at high risk for victimization. Eisenberg et al (1997) found that emotion regulation predicted social competence in a child sample, although the relationship between regulation and social competence was stronger for children high in negative emotionality. The implication of this research is that the ability to self-regulate one's emotions has greater social implications for children who are predisposed to experience negative emotions. This research also suggests that the ability to employ "adaptive" coping behaviors that effectively modulate emotions has particular importance for children with hostile or anxious dispositions.

Returning to a dominant theme in this discussion, emotional specificity is rarely investigated in basic research on children's coping and emotional reactions. Eisenberg

(2004) has also highlighted the need for studies to examine the relative effectiveness of different regulatory processes associated with specific emotions (e.g., anger, sadness, fear). The proposed study will not examine “effectiveness” of emotion regulatory processes, as it assumes that empirical research is first needed to link children’s report of their emotional experience with their coping behaviors.

Cognitive Factors

Although the proposed study will focus on the role of emotions in children’s coping with peer rejection experiences, the following discussion will highlight important cognitive factors (i.e., appraisal, social information processing and self-evaluative factors) associated with emotions. Because a full consideration of cognitive factors is beyond the scope of this investigation, the literature reviewed here will be illustrative and not exhaustive. There is now a considerable base of empirical literature to address cognitive factors implicated in children’s coping with peer stress.

Appraisal and Social Information Processing

An important factor that contributes to one’s coping choice in response to a stressor is a process known as appraisal. Appraisal is the process in which antecedent conditions (e.g., peer victimization or rejection) are perceived and processed. Ekman (1999) and Lazarus (1991) have discussed two appraisal processes: automatic and extended. The first (automatic) or primary appraisal process produces emotion. In the context of peer stress, a child’s initial, unconscious appraisal may produce a variety of emotions—anger, sadness, shame, or anxiety—associated with specific action tendencies (behaviors associated with unique motivational properties of each emotion) and coping

behaviors. Secondary appraisal refers to thoughts that are conscious, once an emotion is first produced. Cognitive appraisals may be modifiable, and thus may be considered a form of cognitive coping (e.g., positive re-appraisal), although some cognitions (e.g. ruminative thoughts) may be involitional (as discussed by Connor-Smith et al.).

Appraisals that can be identified and studied are considered to be secondary appraisal (Ekman, 1999). Thus, Ekman has suggested that “appraisal” as it is studied in the literature is almost always secondary appraisal.

In addition to attributions of threat, a victim’s attributions of intent may have a profound impact on his or her choice of coping behaviors. Crick and Dodge (1994) suggest that aggressive children will attribute malicious intent to provocations, even when the actions are benign or ambiguous. This model of social development, known as Social Information Processing (SIP), fits nicely within the transactional model of coping and provides a useful framework to consider in the study of coping choices in response to rejection and victimization experiences. Although “emotional arousal” is an integral part of the reformulated SIP model (Crick & Dodge, 1994), a discussion that includes emotional specificity related to the appraisal process is noticeably meager. The authors do note that when in the context of peer provocation, feelings of anger could motivate a retaliatory goal, while feelings of anxiety might lead to an avoidant goal (i.e., to remove oneself from the anxiety-provoking stimulus).

Intervention programs draw heavily from the SIP model, considering that children who are victims of aggression may be more prone to a hostile attributional bias, and thus may be more likely to respond aggressively or defensively to ambiguous provocations

(Bierman, 2004). Individual differences in attributional tendencies serve as a filter through which interpersonal experiences are interpreted. Attributions of intent, threat, or blame can have profound implications for the coping preferences of non-aggressive victims as well as aggressive victims¹. Graham and Juvonen (1998) have shown that attributions of blame (i.e., the trait of characterological self-blame) is associated with internalizing psychopathology and previous victimization. However, the association between self-blame, discrete emotions, and specific coping behaviors is not clear. Other cognitive variables may serve as filters for interpersonal experiences and affective responses, such as the role of attitudes toward aggression (Dill et al., 2004). The authors reported that increased negative affect in response to peer victimization was associated with a stronger belief that aggression is an acceptable and warranted form of social behavior; however, the nature of children's "negative affect" was not specified.

Prinstein & Aikens (2004) found that adolescents' ratings of peer importance (i.e., the importance placed on peer approval and popularity) had a moderating effect on the association between peer rejection and depression. Youth who were less concerned with being popular or socially accepted did not show the same vulnerability to depression in response to being victimized by peers. As the authors suggested, this finding holds promise for interventions that aim to modify cognitions rather than sociometric status. Because changing thoughts about the importance of peer social acceptance might be considered under the rubric of secondary control engagement coping (i.e., cognitive restructuring), attributions in this case are closely aligned with coping efforts. However,

¹ Attributions are often discussed implicitly (but not explicitly) as cognitive appraisals.

Prinstein and Aikens included no measurement of affective experience (type or intensity of emotions) in response to peer rejection, which might have allowed us to better understand the emotional processes through which appraisals of peer importance buffer children from depression.

Self-Evaluative Factors

Low self-esteem is linked with emotional responses to peer rejection, on both conceptual and empirical grounds. Theory suggests that individuals with low self-esteem are unable to weather perceived insults because they are less likely to view interpersonal experiences through a self-enhancing bias (Leary, 1999). Research findings from social psychology literature suggest that people with low trait self-esteem might be particularly sensitive to interpersonal rejection, and feelings of low acceptance might cause one to respond more strongly to perceived insults (Leary et al., 1995). As one might intuit, children who experience peer rejection are more likely to show lower self-esteem and lower perceived self-competence, especially in the social domain (Andreau, 2000; O'Moore & Kirkham, 2001). Egan and Perry (1998) found that low self-regard predicted increased risk of victimization, and that victimization in turn predicted negative self-views over one year.

Contextual/Environmental Factors

As previously mentioned, it is critical to consider context and specificity of the stressor when examining children's coping responses (Compas et al., 2001). Coping and emotion regulation strategies can only be considered "adaptive" in context, as contextual factors or environmental demands may conflict with emotional goals (Eisenberg, Fabes,

& Guthrie,1997). The following discussion will provide an overview of relevant literature to illustrate contextual factors implicated in children's coping with peer conflict.

Type of victimization or rejection experience

Findings by Kristensen and Smith (2003) have highlighted that the type of victimization experience may differentially predict children's choice of coping strategy. In this study, children indicated preferred coping strategies in response to five different types of bullying (attack on property, verbal bullying, social exclusion, physical bullying, and indirect bullying). Seeking Social Support was favored significantly more in response to attack on property, compared with other forms of bullying. These findings suggest that seeking social support may be difficult for victims of relational aggression, perhaps because relational aggression is less visible, and thus more difficult to "prove". While seeking social support is advocated in school anti-bullying programs and generally assumed to be a helpful behavior, it is less preferred among older children and especially for boys. This paradox should be explored in future research and considered in the development of intervention programs. Intervention efforts might consider ways to increase acceptability of social support seeking.

One might also consider that adaptive coping behaviors in response to rejection (e.g., exclusion) may be very different than adaptive responses to more overt or physical peer aggression. For example, Sandstrom (2004) surmised that skillful attempts to reenter the peer group may be beneficial for a rejected child. For a child who is bullied or harassed, efforts to be socially accepted by the aggressors may be unrealistic or

counterproductive. Furthermore, the effectiveness of various coping strategies may be developmentally sensitive, although our empirical base of literature has not caught up with theory in this regard (Eisenberg et al., 1997; Bierman, 2004).

Peer experiences

Previous Victimization. It is possible that the intensity and duration of peer victimization will shape coping preferences of victims. Although one study by Kristensen and Smith (2003) found that children's preferred coping behaviors in response to peer victimization were no different for victims and non-victims, other research findings indicate that a child's victimization status is associated with preferred coping strategies (Champion, Vernberg, & Shipman, 2004; Kochenderfer-Ladd and Skinner, 2002; Smith, Talamelli, Cowie, Naylor, & Chauhan, 2004). In a recent study by Champion et al (2004), non-victims and "nonbullying" victims indicated unique preferences in their behavioral (coping) responses to ambiguous scenarios involving potential social conflict. Despite the selection criteria of "nonbullying" victims, the victim group did report more reactive aggressive behavior than did the nonvictim group. Nonvictims were more likely to select information seeking sooner than Victims, and showed a trend for walking away from confrontation sooner than Victims. Smith et al. (2004) found that "escaped victims" (i.e., non-victims who were previously classified as victims) were more likely to seek social support or try to make new friends as coping responses to peer victimization. Children who experienced continued victimization, on the other hand, showed a trend for ignoring the victimization more often than the "escaped victims".

Kochenderfer-Ladd (2004) found that victimization predicted revenge as a preferred coping strategy, although other coping strategies (i.e., conflict resolution, advice-seeking, and distancing) could not be reliably predicted from victimization status alone. Instead, Kochenderfer-Ladd suggested that the mediating role of emotional responses (anger, embarrassment, and fear) needed to be considered in relation to unique “pathways” of coping responses. In summary, although some research suggests that victimization may be inversely related to social support seeking and positively related to revenge or aggressive responses, emotional processes play a critical role in the victimization-coping relationship.

Some research suggests that victimization might moderate the relationship between coping and adjustment. Kochenderfer-Ladd and Skinner (2002) found that problem-focused strategies were associated with positive adjustment for nonvictimized children, but were associated with increased rates of maladjustment among victimized children. This finding is especially disconcerting, given the assumption that problem-focused coping strategies are generally adaptive. With this assumption or general guideline in mind, intervention programs would likely try to build on “problem-focused” coping skills.

Prosocial Peer Experiences. It is also important to consider the role of social support and prosocial peer experiences as a predictor of coping behaviors and as a buffer in the development of psychopathology among children who are victimized. While the mediating and moderating role of social support has only recently been studied (Malecki & Demaray, 2004; Storch, 2003), theory suggests that social support among peers can

moderate the damaging psychological and social effects of peer victimization. It has also been suggested that the presence of peer social support encourages social support seeking and other adaptive coping behaviors, thereby reducing a child's reliance on maladaptive coping behaviors such as ignoring or retaliating (Malecki & Demaray, 2004; Bierman, 2004).

Gender

It is also necessary to consider that males and females may respond differently to victimization experiences. The widely held supposition that girls are more likely to seek social support has received some empirical support in the context of coping with peer victimization (Hunter et al., 2004; Naylor et al., 2001; Kochenderfer-Ladd, 2004). However, this finding should be examined in the context of environmental supports and other situational variables, such as prosocial peer experiences noted above. Findings from Kochenderfer-Ladd (2004) also suggest that the contribution of gender can be explained through differences in emotional responses.

Although the higher prevalence of physical aggression in males might suggest that boys favor aggressive coping, it is important to consider that aggressive coping can be covert or relational (rather than overt and physical) in nature. Although some studies suggest that relational aggression is more prevalent in females than in males (Crick & Grotpeter, 1995), there is little consensus in the literature on this topic (Espelage, Mebane, & Swearer, 2004). Less is known about gender differences in children's *aggressive coping*, as this construct is not examined in established child coping measures.

However, it is important to consider aggressive or retaliatory coping in the context of interpersonal transgressions, because these situations are likely to be anger-eliciting events. In her study of emotions and coping in response to hypothetical peer victimization scenarios, Kochenderfer-Ladd (2004) found that anger was the most common emotional response among children, for both boys and girls. Overall, girls tended to report more intense emotional arousal (i.e., feelings of fear, embarrassment, and feeling upset) than did boys. However, girls did not endorse more intense feelings of anger than their male counterparts. Although boys reported less fear and embarrassment in response to victimization, no significant interactions were found between sex and emotions in the prediction of coping strategies. In other words, emotional “pathways” for coping were no different for boys and girls. Sex was never a unique predictor of coping endorsements, once emotions and grade categories (K-2 and 3-5) were considered.

Findings from the lab of Tangney et al. (1995, 1996) have also shed some light on children’s gender differences in response to anger. When asked to imagine themselves in a series of gender-neutral anger-eliciting situations from everyday life, girls rated themselves as more likely to attempt some sort of non-hostile discussion with the perpetrators of anger-eliciting situations, while boys were more likely to attempt direct physical aggression, direct verbal aggression, indirect harm and displaced physical aggression. Although the anger scenarios at hand did not specifically pertain to peer victimization, the findings from Tangney et al. suggest that boys may be more likely to endorse retaliatory strategies in response to anger.

Another noteworthy finding from this study is the fact that boys and girls endorsed comparable levels of anger arousal, despite significant gender differences in coping with anger. This would suggest that anger arousal does not play a mediating role in the link between gender and coping with anger in children. Kochenderfer-Ladd's (2004) findings also suggest that girls and boys do not report significant differences in anger. However, Kochenderfer-Ladd's findings did suggest that differences in emotions such as fear and embarrassment helped to explain some gender differences in coping preferences (i.e., advice seeking and conflict resolution). Adding another layer of complexity to Kochenderfer-Ladd's (2004) study was consideration of age as a moderating factor. In this study, younger children were more likely to endorse advice seeking and conflict resolution strategies than were older children. For older children, anger was predictive of less frequent use of conflict resolution strategies. Similarly, one study by Naylor et al (2001) examined retaliation as a coping response to peer victimization, and no main effects for gender were found. However, the authors did report a trend for older girls (age 9) to endorse retaliation more than their younger (age 7) female counterparts.

In summary, research suggests that girls and boys endorse comparable levels of anger in the context of interpersonal conflict. Some research (e.g., Kochenderfer-Ladd, 2004) suggests that girls report more intense emotional arousal (i.e., feelings of fear, embarrassment, and feeling upset) than boys in the context of peer conflict. Findings also suggest that these emotions mediate associations between gender and coping preferences. While some research has highlighted gender differences in children's coping with anger,

differences in measurement of children's behavioral or coping responses prohibit direct comparisons across studies. Developmental factors may also interact with gender to predict children's coping responses, adding considerable complexity to this line of research.

Psychological adjustment

In a meta-analysis of 23 studies, Hawker and Boulton (2000) found that victimization was most strongly related to depression, and moderately associated with social and global self-esteem. An overwhelming body of research has demonstrated that victimization and rejection experiences are bi-directionally linked with a host of psychopathological symptoms such as depression, anxiety, and aggression (see reviews in Deater-Deckard, 2001; Hodges & Perry, 1999; McDougal et al., 2001; Swearer et al., 2004). Although negative affect is implicated in this bi-directional relationship (e.g., Dill et al, 2004), few studies have explored the nature of children's distress (e.g., worry, sadness, anger) in response to discrete rejection experiences. Sandstrom and Cillessen (2003) underscored the need for future studies to consider individual differences in emotional responses to peer rejection, in order to further elucidate the links between maladjustment and discrete rejection experiences.

Although the indices of adjustment (in this discussion, also referred to as psychological symptoms, symptoms of psychopathology, or behavioral indices) are most often conceptualized as the *result* of peer experiences and coping, the bi-directional relationships noted in the empirical literature are important to consider in a stress-and-coping framework. Because research suggests that children with symptoms of

psychopathology show impaired emotion-regulatory abilities (see Southam-Gerow and Kendall, 2002, for a review), the association between a discrete emotional response (anger, sadness, or anxiety) and subsequent coping behavior might depend on the level of internalizing and externalizing symptoms. Stated another way, a child with elevated symptoms of internalizing or externalizing psychopathology should respond differently to emotional distress compared to his/her peers.

The presence of psychopathology has implications for refining and developing school-based intervention programs to help rejected children (Bierman, 2004; Espelage & Swearer, 2004). Given the substantial co-occurrence of peer victimization and rejection with psychopathology, it is important to consider how psychopathology is associated with coping responses. Examining indices of psychological adjustment (e.g., parent-rated symptoms of psychopathology) provides a unique perspective from which to examine children's self-reported affective and coping responses to peer victimization and rejection.

Research and theory would suggest that externalizing and internalizing symptoms of psychopathology predict aggressive coping and ruminative coping, respectively. However, we know very little about children's subjective experience of emotion (i.e., the intensity and type of emotional arousal children self-identify) in the context of these associations. Do children with symptoms of anxiety and depression endorse feelings of anger? Do aggressive children endorse feelings of sadness or worry?

Several researchers have investigated "subtypes" of rejected youth as a framework for investigating how psychopathology is associated with peer rejection.

Existing empirical literature provides support for differentiating among types of rejected students and suggests that different interventions may be necessary to address the needs of these youths. Findings from Hecht, Inderbitzen, and Bukowski (1998) indicated that specific facets of depression have implications for aggressive vs. submissive youth. Results based on data from the Child Depression Inventory (CDI) indicated that aggressive-rejected youths reported more interpersonal problems and feelings of ineffectiveness, while the neglected and submissive-rejected youths reported more anhedonia. Clearly, aggressive youth are not immune to the experience of depressed affect. Similarly, there is no reason to expect that withdrawn or submissive youth are immune to the experience of anger. The proposed study will permit an exploration of how children's internalizing and externalizing symptoms are associated with their self-reported emotional and behavioral responses to rejection experiences.

Emerging research indicates that cognitive emotion regulation strategies are differentially associated with psychopathology. For example, Garnefski (2005) found that adolescents with internalizing problems (both pure and comorbid) engaged more in self-blame and rumination than those with pure externalizing problems or the non-clinical sample. Internalizing problems also predicted less cognitive restructuring.

Connor-Smith et al. (2000) have presented convincing findings to show that “active coping”—such as Primary Engagement Coping (e.g., problem-solving) and Secondary (e.g., cognitive restructuring) Engagement Coping—are inversely related to internalizing and externalizing problems. However, Sandstrom (2004) found that “active coping” is not associated with positive adjustment and may in fact associated more with

maladjustment. These contradictory findings may be an artifact of differences in methodology and measurement, and illustrate the need for standardization and replication in measurement.

Considerations for the Measurement of Coping: Standardization and Specificity.

In addition to specificity and standardization in the measurement of coping styles, Compas et al. (2001) have emphasized the importance of specifying the type of stressor and contextual factors surrounding stress. This is a critical consideration for research in coping with peer victimization and rejection. Generic coping measures are often inadequate to answer the research questions at hand, unless these measures are adapted to tap specific stressors. Compas (1987) has also suggested that adaptive coping efforts for controllable stressors may be different from adaptive coping efforts for uncontrollable stressors. For example, secondary control coping is best suited for uncontrollable stressors (e.g., medical stressors), while primary control coping is more adaptive for relatively controllable stressors (e.g., interpersonal problems). In support of this theory, research findings from Weisz, McCabe, & Dennig (1994) have shown that secondary control coping efforts are associated with behavioral adjustment for children facing medical illness. Although these findings indicate why children respond differently to different types of stressors, it is also important for research to address the question, *Why do children respond differently to identical stressors?*

The proposed study will consider this question in examining children's coping with rejection. Existing research on coping with peer victimization and rejection has adapted generic coping measures, but there is much room for improvement. While

several studies have adapted the Self-Report Coping Measure (SRCM; Causey & Dubow, 1992), there has been no standardization with respect to the type of stressor specified.² For example, while Gaylord et al. (2003) used a general version of this measure that was not specific to peer stress, Kochenderfer-Ladd et al. (2002) used the stem question, “When I have a problem with another kid at school, I...”. Although this modification was an improvement over the measure of generic coping, child respondents are still left to interpret and imagine a generic (social) peer problem, the details of which were not assessed or controlled for in the analyses. Kristensen and Smith (2003) adapted the same measure, by specifying five different types of peer victimization stressors (attack on property, verbal bullying, social exclusion, physical bullying, and indirect bullying). Recent studies have also created or adapted scenario-based measures in an attempt to standardize the stimulus or stressor on which respondents base their self-report of preferred coping strategies. These studies include ambiguous scenarios involving potential conflicts among adolescents (Champion et al, 2003), scenarios of peer exclusion and teasing (Sandstrom et al, 2004), and scenarios of verbal and physical peer victimization (Kochenderfer-Ladd, 2004). As novel coping measures that tap specific types of peer stress continue to appear in the literature, researchers must also consider the need to replicate findings by using standardized measurement tools. It is only with standardization and replication that we can compare and contrast findings, in an effort to inform intervention and prevention programs.

² This measure includes five factors: Seeking Social Support, Self-Reliance/ Problem Solving, Distancing, Internalising, Externalising

Two recent measures have made strides toward greater specificity in tapping children's coping related to peer stress. Connor-Smith and colleagues present convincing psychometric support for the RSQ, which consistently factor-analyzes into five domains of coping: primary control, secondary control, engagement, disengagement, involuntary engagement and involuntary disengagement. However, the RSQ version that was adapted to examine peer stress lacks specificity with regard to the nature of the stressor. The stem "when I have problems with other kids, I..." leaves considerable interpretive ambiguity. Although "problems with other kids" would certainly include peer victimization and rejection, we cannot assume that respondents are answering in reference to such experiences. It is possible that some youth would consider only problems with friends, and might respond differently (e.g., using different problem-focused strategies) than they would in scenarios of rejection or victimization.

Sandstrom (2004) developed the Survey for Coping with Rejection Experiences (SCORE), to assess children's coping strategies in response to everyday rejection experiences. The SCORE describes two specific peer experiences (being teased by schoolmates; being excluded from a group activity) and forty coping strategies are rated after each scenario. As Sandstrom (2004) described, these coping strategies were selected based on a popular items common to existing child coping measures. The SCORE consists of four factors: Aggressive Coping, Active Coping, Denial Coping, and Ruminative Coping. These factors were empirically derived through factor analysis, and held their structure for both rejection scenarios in an initial validation study. The measurement of "aggressive coping" is one unique asset of the SCORE, since the items

that comprise this factor are often not included in youth coping measures such as the RSQ. Given the heightened interest in “aggressive victims” as targets for school-based psychological interventions (e.g., Craig, 1998; Sandstrom, 2004), assessment of aggressive responding is an especially useful contribution to the literature.

Although the SCORE represents an improvement over many extant coping measures for the assessment of coping with peer stress, there are some limitations to consider. The use of exploratory factor analysis to derive coping factors may present a thorny issue for researchers who wish to use this measure in future research. A careful examination of the items that load on each of the four factors does generate some concerns to bear in mind. For example, most items that load on the coping factor labeled “denial” appear to be conceptually closer to “positive reappraisal” or “cognitive restructuring”, subsumed under secondary control enhancement. A child who says to himself or herself, “it doesn’t really matter what they think,” may be effectively minimizing the painful impact of rejection experiences. The term “denial coping” coined by Sandstrom may be a misnomer, because it does not denote a defense mechanism that involves denying the occurrence of an event. One should also give careful consideration to the items that load on the “active coping” factor. As an example, the item “try to get them to make fun of another kid instead” may also be conceptually linked with a more aggressive style of coping rather than “active coping” as it is traditionally defined. The item “I think there must be something wrong with the kids who tease me” loaded on a factor labeled “aggressive coping”; however, it might be useful to consider this item as a secondary control coping technique. Despite the limited conclusions that can be drawn

from factor analysis, the SCORE may be useful for future researchers who use the items to generate different (or additional) conceptually useful scales to classify coping behaviors. Because exploratory factor analysis is blindly empirically driven and results are susceptible to random sample variation, factor analysis should be conducted again in future studies that use the SCORE.

Greater specificity achieved through scenario-based measures does have limitations, however. Scenario-based measures introduce specificity and standardization to enhance internal validity, but may limit researchers' abilities to generalize conclusions. In a stress-and-coping framework, the dilemma of breadth versus specificity in measurement is pertinent to both stressors and coping behaviors. Greater specificity of the stressor will prohibit researchers' abilities to generalize across stressors (Compas et al., 2001). However, given the paucity of research on children's self-reported emotions and associated coping responses to peer rejection, the proposed study will favor specificity and standardization in measurement, in an effort to test theory and to provide a foundation for future research.

Statement of Purpose

Children who experience peer rejection and victimization are at risk for a host of psychological symptoms and maladjustment. Theory suggests that the impact of peer rejection experiences on a child's overall adjustment may be determined, in part, by that child's emotional and coping responses to negative peer experiences. Although a growing number of studies have applied a stress and coping framework to the study of peer rejection and victimization, empirical literature has largely overlooked the nature of

children's emotional distress in coping with peer stress. Recent research has demonstrated that individual differences in children's emotional responses to peer victimization have important implications for children's behavioral (coping) responses.

The proposed study will build on recent research (Kochenderfer-Ladd, 2004; Sandstrom, 2004) by considering the role of discrete emotions as predictors of coping responses to peer rejection experiences. This study will also consider how children's emotional experience and coping behaviors are related to gender, peer socialization (i.e., receiving prosocial acts by peers and previous victimization experiences), and indices of psychopathology. This study will extend previous research by including emotional specificity in a stress and coping framework, and by exploring contributions of several predictors presumed to influence children's coping with rejection and subsequent adjustment.

Hypotheses

Research questions and associated hypotheses in the proposed study are as follows:

Primary Research Questions

Emotion-related factors. How is the nature of children's emotional distress (patterns of discrete emotions reported) related to children's choice of coping strategy in response to peer rejection?

It is expected that the type (i.e., discrete emotions) and intensity of children's self-reported emotional experience in response to rejection will be associated with unique coping preferences. The following results are predicted:

1. Children who report more worry in response to peer rejection will endorse more "support seeking" and more ruminative coping strategies.
2. Children who report more sadness in response to peer rejection will also endorse more "support seeking" or emotional expression and more ruminative coping strategies.
3. Children who report more anger in response to peer rejection will endorse more aggressive coping strategies.

Secondary Research Questions

Environmental factors. How are peer social experiences (i.e., peer victimization experiences and prosocial peer experiences) related to emotional reactions and coping responses?

1. Children who report more peer victimization experiences will also endorse:

- a. Greater emotional distress overall (all three emotions) in response to peer rejection
 - b. Use of fewer positive reappraisal (cognitive restructuring) strategies
2. Children who report more prosocial peer experiences will also endorse more social support seeking.

Gender. How is gender associated with emotional responses to peer rejection and coping behaviors?

1. Girls will endorse more intense feelings of sadness and worry in response to peer rejection.
2. Gender will not predict unique differences in coping responses, beyond the contribution of emotional responses.

Method

Data for the proposed study were collected as part of a larger, ongoing IRB-approved study to investigate emotion understanding, emotion regulation, and emotion socialization in children. Although the IRB-approved study was designed to compare a clinic-referred and non-referred sample, the current investigation included only non-referred children.

Participants

From the initial participant sample (N=56) of children ages 7-12 and their mothers, 3 cases were excluded from analyses. Qualitative notes from research assistants indicated serious validity concerns (i.e., comprehension and fatigue) for two participants. Another participant produced scores that were outliers (z -score > 3.29) on two indices of victimization. To reduce skewness of victimization indices to levels suitable for parametric analyses (i.e., skewness < 2), this case was also excluded from the final sample. The final sample of participants were non-referred children ($n = 53$) between the ages of 7-12 years and their mothers or legal guardians. The 53 children (16 boys and 37 girls) in this study averaged 9.83 years of age ($SD = 1.57$, range 7 to 12), with an ethnic distribution of 60% Caucasian, 32% African American, 2% Asian and 6% other (e.g., Mixed). Table A2 (see Appendix) provides a detailed crosstabulation of participants' age and gender.

Recruitment method. IRB-approved fliers were posted in several public, community settings (e.g., community pools, public libraries, family recreation centers) and were sent home with children at several local public and private schools to recruit

parents/guardians and their children. In addition, this study was advertised to graduate students in Education and Social Work, as well as to undergraduate students enrolled in psychology courses. Fliers with contact information were provided directly to students (at the instructor's discretion) so that students could refer eligible, interested families. This study used the following exclusion criteria: (a) child is taking any psychotropic medications, (b) child is diagnosed with a Pervasive Developmental Disorder, a Psychotic Disorder, or Mental Retardation, or (c) child is currently receiving mental health services.

Data Collection Procedures

Participants completed questionnaires in offices on VCU's Monroe Park Campus. The parent/guardian and child participated in a consent/assent procedure conducted by trained research assistants. The parent/guardian and child were placed in separate rooms to complete measures (detailed below). After all forms were completed, the parent/guardian received a handout entitled, "Talking with Children about Feelings" along with financial compensation (initially \$25 to parent, and \$5 gift certificate to child; recently changed to \$50 gift card due to change in funding for the study).

Measures

Emotional and Coping Responses. Children's emotional and coping responses to peer rejection experiences were assessed using the *Survey for Coping with Rejection Experiences (SCORE)*. The SCORE (Sandstrom, 2004) is a self-report measure that describes two specific peer experiences (being teased by schoolmates; being excluded from a group activity) that are common examples of rejection among schoolchildren. For

each scenario, children rated the degree to which they would feel mad, sad, or worried using a 3-point likert scale (1=*not at all*, 2=*somewhat*, 3=*very much*) for each emotion. Next, children rated 40 coping responses, using a 4-point Likert scale (1=*not at all*; 4=*a lot*) to indicate how frequently they have used each coping strategy in response to similar experiences. The same 40 items (coping responses) were used for each scenario, with slight modifications to reflect the specific stressor at hand. Coping factor scores were computed by averaging the item scores for each factor.

In an initial validation study that used exploratory factor analysis to derive coping factors, 32 of the 40 items loaded on four factors: Aggressive Coping, Active Coping, Denial Coping, and Ruminative Coping. Sandstrom reported strong internal consistency coefficients for these scales, ranging from .69 to .84 for the teasing situation, and from .70 to .87 for the exclusion situation.

Psychological Adjustment and Psychological Symptoms. Parent-rated indices of child psychopathology were obtained with the most recent, computer-administered version of the *Child Behavior Checklist (CBCL)*. The CBCL/6-18 contains items that describe specific behavioral and emotional problems. Parents rate their child for how true each item is now or within the past 6 months using the following scale: 0 = not true (as far as you know); 1 = somewhat or sometimes true; 2 = very true or often true. Although the measure yields three broad-band and eight narrow-band scores (along with several DSM scales), the results presented in this study include only the Aggressive Behavior and Anxious/Depressed narrow-band scales and the broadband Internalizing

and Externalizing Behavior scales. The CBCL is a widely-used measure with extensive evidence to support its reliability and validity (see Achenbach & Rescorla, 2001).

Child-rated indices of child anxiety and depression were obtained with the Revised *Child Anxiety and Depression Scale* (RCADS, Chorpita, Yim, Moffitt, Umemoto, & Francis, 2000). The RCADS is a 47-item child self-report measure that assesses symptoms of several DSM-IV anxiety and depressive disorders. This study used scales for social phobia, generalized anxiety disorder, and major depressive disorder. Chorpita et al. (2001) reported internal consistency coefficients ranging between .71 and .85 and one-week retest reliability coefficients ranging from .65 to .80. Validity evidence includes high correlations between the RCADS anxiety scales and Revised Child Manifest Anxiety Scale (RCMAS) and between the RCADS depression scale and Children's Depression Inventory (CDI).

Peer Victimization and Prosocial Peer Experiences. Children were asked to rate the frequency (1=*never*; 5=*all the time*) of prosocial and victimization experiences with the *Children's Self-Experiences Questionnaire* (CSEQ; Crick & Grotpeter, 1996). This questionnaire assesses children's perception of their treatment by peers and consists of three 5-item scales: Relational Victimization (e.g., 'How often does a kid who is mad at you try to get back at you by not letting you be in their group anymore?'), Overt Victimization (e.g., 'How often do you get hit by another kid at school?'), and Recipient of Prosocial Behavior (e.g., 'How often does another kid say something nice to you?'). Studies have reported test-retest reliability over a four week interval of .90 (Crick, 1996)

and internal consistencies ranging from .82 to .97 for each scale (Crick & Grotpeter, 1996).

Analytic Plan

Analyses were conducted in three steps:

- 1) *Generation of Coping Scales.* To address the research aims and study hypotheses, two of the four factors (i.e., ruminative coping and aggressive coping) delineated by Sandstrom (2004) were used in the analyses. Items from the SCORE were used to create two additional coping scales (see Table 1) not reflected in Sandstrom's (2004) factor analysis. Item selection was theoretically-based on the literature. The positive reappraisal scale was created to reflect secondary control enhancement coping (i.e., positive thinking and cognitive restructuring) from the Connor-Smith et al (2000) RSQ. For example, "I tell myself that being teased doesn't matter very much" and "I tell myself everything will be okay" are items that reflect positive reappraisal. An additional scale was created to reflect social support seeking, derived mainly from items that loaded on Sandstrom's (2004) "active coping" factor, as several researchers have posited that support seeking is an especially relevant behavior for victims of peer aggression and rejection (e.g., Champion et al., 2004, Kochenderfer-Ladd et al., 2004). For example, "I get advice from another kid" and "I go get help from another kid" are items that reflect support seeking. This study will report internal consistency coefficients for all scales created.

- 2) *Descriptive statistics and intercorrelations* (see *Results*) were obtained for the following study variables: emotional reactions (sad, mad, worried), coping scales, covert peer victimization, overt peer victimization, prosocial peer experiences, and CBCL indices. T-tests were also computed to examine gender differences in emotions, coping, peer experiences and adjustment indices.
- 3) *Multiple regression analyses*. Linear multiple regression equations were computed for each coping strategy to evaluate the unique and combined contributions of independent variables (i.e., emotional reactions, peer victimization, and receiving prosocial acts from peers). Because relational victimization was highly correlated with overt victimization ($r=.68, p<.01$), a “total victimization” composite index (sum of overt and relational victimization indices) was computed. Children’s endorsement of coping strategy was included as the dependent measure in each series of regressions. Peer experiences (i.e., total victimization and prosocial experiences) were entered on the first step, and children’s anticipated emotions (i.e., worry, sadness, and anger) were entered on the second step.

Power Analyses

Although the proposed analyses are virtually untested in the literature, results from Kochenderfer-Ladd (2004) provide some basis for estimating the expected effect size (ES). Kochenderfer-Ladd’s work revealed medium-range effect sizes for bivariate correlations between children’s reported coping and emotions. For bivariate correlations, the power to detect small ($r = .10$), medium ($r = .30$), and large ($r = .50$) effects is

estimated to be .11, .57, and .97, respectively. For the proposed multiple regression analyses, the literature again provides little basis for anticipating effect sizes. Based on multiple regression analyses from Kochenderfer-Ladd's study, a medium effect size is expected. Power analyses indicate that in order to obtain a medium effect size for R^2 at a power level of .80, a sample size of 76 (3 predictors) or 84 (4 predictors) is needed.

Results

Internal Consistencies, Descriptive Statistics, and Zero-Order Correlations

Coping Scales. To assess the internal consistencies of the derived subscales, Cronbach's alphas were computed (see Table 1). These alphas ranged from .60 to .84 for the teasing situation, and from .55 to .87 for the exclusion situation. Internal consistencies were highest for aggressive coping (alpha = .81 and .86), and moderate to low for positive reappraisal (alpha = .64 and .67), ruminating coping (alpha = .64 and .66) and support seeking (alpha = .66 and .55). The relatively low internal consistency coefficient for support seeking for *exclusion* (alpha = .55) should be noted as a limitation when interpreting analyses for support-seeking coping for *exclusion*.

Descriptive Information. Means, standard deviations, and ranges for all variables are presented in Table 2. For the three emotions, the means (and standard deviations) are as follows for the teasing scenario and exclusion scenario, respectively: sad: 2.11 (0.75) and 1.98 (0.82), and mad 2.43 (0.60) and 2.32 (0.64), and worried: 1.77 (0.70) and 1.53 (0.70). Both boys and girls reported that the most intense emotion that they would experience was anger, followed by sadness, and worry. Although the relative intensity of emotions (i.e., mad>sad>worry) held for both boys and girls across both rejection scenarios, some gender differences in emotions did emerge (see results under *gender differences* below).

Table 1.

Items and internal consistency coefficients for coping factors

Teasing Scenario	Exclusion Scenario
<p>Support Seeking (alpha = .66)</p> <p><i>I talk to an adult about how it made me feel to be teased</i></p> <p><i>I try to stop the kids from teasing me by telling them they are making me feel bad</i></p> <p><i>I try to keep quiet about the teasing.....I don't tell anyone</i></p> <p><i>I get advice from another kid about how to handle the teasing</i></p> <p><i>I go get help from another kid when I get teased</i></p> <p>Positive Reappraisal (alpha = .64)</p> <p><i>I tell myself that I'm an okay kid, even though they are teasing me</i></p> <p><i>I tell myself that I don't care what the kids who are teasing me think anyway</i></p> <p><i>I tell myself that being teased doesn't really matter very much</i></p> <p><i>I tell myself that everything will be okay</i></p> <p>Aggressive Coping (alpha = .81)</p> <p><i>I think there must be something wrong with the kids who tease me</i></p> <p><i>I act angry or argue with the kids who tease me</i></p> <p><i>I come up with a way to get even with the kids who are teasing me</i></p> <p><i>I get into fights with the kids who tease me</i></p> <p><i>I decide not to be nice to the kids who are teasing me, since they are not being nice to me</i></p> <p><i>I tease them back</i></p> <p><i>I tell other kids how mean they are</i></p> <p>Ruminating Coping (alpha=.64)</p> <p><i>I wish they weren't teasing me</i></p> <p><i>I keep thinking about the teasing,.....I can't get it out of my head</i></p> <p><i>I wish I could make things different</i></p> <p><i>I worry about being teased</i></p> <p><i>I get away from the kids who are teasing me and stay by myself</i></p>	<p>Support Seeking (alpha = .55)</p> <p><i>I talk to an adult about how it made me feel to be left out</i></p> <p><i>I try to play with them by telling them they are making me feel bad</i></p> <p><i>I try to keep quiet about being left out.....I don't tell anyone</i></p> <p><i>I get advice from another kid about how to get included</i></p> <p><i>I go get help from another kid when I get left out</i></p> <p>Positive Reappraisal (alpha = .67)</p> <p><i>I tell myself that I'm an okay kid, even though they are leaving me out</i></p> <p><i>I tell myself that I don't care what the kids who are leaving me out think anyway</i></p> <p><i>I tell myself that being left out doesn't really matter very much</i></p> <p><i>I tell myself that everything will be okay</i></p> <p>Aggressive Coping (alpha = .86)</p> <p><i>I think there must be something wrong with the kids who leave me out</i></p> <p><i>I act angry or argue with the kids who leave me out</i></p> <p><i>I come up with a way to get even with the kids who are leaving me out</i></p> <p><i>I get into fights with the kids who leave me out</i></p> <p><i>I decide not to be nice to the kids who leave me out, since they are not being nice to me.</i></p> <p><i>I try to leave them out as soon as I get the chance</i></p> <p><i>I tell other kids how mean they are</i></p> <p>Ruminating Coping (alpha=.66)</p> <p><i>I wish they weren't leaving me out</i></p> <p><i>I keep thinking about being left out.....I can't get it out of my head</i></p> <p><i>I wish I could make things different</i></p> <p><i>I worry about being left out</i></p> <p><i>I get away from the kids who are leaving me out and stay by myself</i></p>

Table 2.

Correlations Between Coping Factors for Two Rejection Scenarios

<u>Teasing</u>	<u>Exclusion</u>			
	Aggressive Coping	Ruminating Coping	Positive Reappraisal Coping	Support Seeking Coping
Aggressive Coping	.88**	.43*	.07	.15
Ruminating Coping	.33*	.71**	.15	.34*
Positive Reappraisal Coping	.06	.13	.69**	.14
Support Seeking Coping	.01	.14	.21	.71**

Note: The numbers in bold represent correlations between target constructs.

** $p < .01$, * $p < .05$

Table 3.

Correlations Between Anticipated Emotions for Two Rejection Scenarios

<u>Teasing</u>	<u>Exclusion</u>		
	Mad	Sad	Worried
Mad	.43**	.08	.21
Sad	.25	.44**	.40
Worried	.08	.11	.33*

Note: The numbers in bold represent correlations between target constructs.

** $p < .01$, * $p < .05$

Cross-situational correlations. As shown in Table 2, correlations among corresponding subscales across stressors ranged from $r = .69$ to $r = .88$, reflecting strong cross-situational consistency in coping strategies.³ Examining results separately for the two rejection experiences afforded a more stringent test of study hypotheses (i.e., to examine whether findings were commensurate across the two scenarios), and also provided some impetus for hypothesis generation as to how contextual nuances in rejection scenarios might account for different outcomes.

Research Questions and Hypotheses

Zero-order correlations, t-tests, and hierarchical linear regressions were used to address the research questions and study hypotheses. Results are presented below, organized by research questions and hypotheses.

Emotion-related factors

How is the nature of children's emotional distress (patterns of discrete emotions reported) related to children's choice of coping strategy in response to peer rejection?

Hypothesis 1: Children who report more worry in response to peer rejection will endorse more "support seeking" and more ruminative coping strategies. Data supported this hypothesis only for *teasing*. As indicated in Tables 6a and 6b, worry was significantly associated with ruminating coping ($r = .34, p < .05$) and support seeking coping ($r = .53, p < .01$) for *teasing*, but not for *exclusion*. For support seeking, results of hierarchical linear regression analyses (see Table 9) indicate that emotions explained 16% of variance beyond

³ Sandstrom (2004) also found that children's strategies were consistent across teasing and exclusion scenarios and therefore collapsed coping strategies across the two situations (i.e., total coping factor scores were formed by computing average scores for each coping factor across teasing and exclusion situations).

peer experiences for *teasing*, $\Delta R^2 = .16$, F change (5, 47) = 7.05, $p < .001$. Children's anticipated worry was a particularly salient predictor, explaining 13% of variance in support seeking beyond peer experiences ($sR^2 = .13$, $p < .001$). On the other hand, emotions explained only 2% additional variance for *exclusion*, $\Delta R^2 = .02$, F change (5, 47) = 4.99, $p < .01$.

Hypothesis 2: Children who report more sadness in response to peer rejection will also endorse more "support seeking" and more ruminative coping strategies. As indicated in Tables 6a and 6b, children's ruminative coping was associated with sadness in response to *teasing* ($r = .32$, $p < .05$) and exclusion scenario ($r = .59$, $p < .01$). Support seeking, however, was not associated with sadness for either rejection scenario. Results of hierarchical regression analyses indicate that sadness accounted for variance in children's ruminative coping ($sR^2 = .16$, $p < .001$) beyond the contribution of peer experiences (i.e., total victimization and receiving prosocial acts) for *exclusion*.

Hypothesis 3: Children who report more anger in response to peer rejection will endorse more aggressive coping strategies. Children's anger was associated with aggressive coping for both teasing ($r = .29$, $p < .05$) and exclusion ($r = .48$, $p < .001$). Results of hierarchical regression analyses indicate that anger was a salient predictor of aggressive coping after controlling for peer experiences, for both *teasing* ($sR^2 = .07$, $p < .05$) and *exclusion* ($sR^2 = .13$, $p < .001$).

Table 4.

Descriptive Statistics (Mean, SD) for Study Variables

		Minimum	Maximum	Mean	SD
SCORE	<i>Teasing Scenario</i>				
	Support Seeking	1	3.8	2.38	.71
	Coping				
	Positive Reappraisal	1.5	4	3.00	.70
	Coping				
	Aggressive Coping	1	3.57	2.05	.75
	Ruminating Coping	1.2	4	2.60	.66
	Mad	1	3	2.43	.60
	Sad	1	3	2.11	.75
	Worried	1	3	1.77	.70
	<i>Exclusion Scenario</i>				
	Support Seeking	1	3.6	2.12	.61
	Coping				
	Positive Reappraisal	1.25	4	2.78	.79
	Coping				
	Aggressive Coping	1	4	1.96	.81
	Ruminating Coping	1	4	2.42	.73
	Mad	1	3	2.32	.64
	Sad	1	3	1.98	.82
	Worried	1	3	1.53	.70
SEQ	SEQ Overt	5	17	7.55	2.98
	Victimization				
	SEQ relational	5	17	9.49	3.37
	Victimization				
	SEQ Recipient of Prosocial Behavior	5	20	14.36	3.32
RCADS	Depression	30	86	51.06	10.93
	Social Phobia	28	68	46.21	9.24
	Total Anxiety and Depression	31	79	48.81	10.47
	Generalized Anxiety	29	69	46.77	9.88
CBCL	Internalizing Scale	33	76	52.27	8.43
	Externalizing Scale	33	74	50.37	8.92
	Anxious-Depressed	50	84	54.90	6.87
	Aggressive Behavior	50	79	54.13	6.04

Table 5

Descriptive Statistics (Mean, SD) and T-tests for Gender Differences

	Boys		Girls		d	T-value	p<
	Mean	SD	Mean	SD			
<u>SCORE</u>							
<i>Teasing Scenario</i>							
Support Seeking Coping	2.14	.55	2.48	.75			
Positive Reappraisal Coping	2.97	.80	3.01	.67			
Aggressive Coping	2.15	.95	2.00	.65			
Ruminating Coping	2.46	.63	2.66	.67			
Mad	2.38	.62	2.46	.61			
Sad	1.75	.68	2.27	.73	.74	-2.42*	.05
Worried	1.44	.63	1.92	.68	.74	-2.41*	.05
<i>Exclusion Scenario</i>							
Support Seeking Coping	1.89	.52	2.22	.63	.56	-1.88	.1
Positive Reappraisal Coping	2.70	.90	2.81	.74			
Aggressive Coping	2.08	.99	1.91	.73			
Ruminating Coping	2.30	.63	2.47	.77			
Mad	2.38	.62	2.30	.66			
Sad	1.56	.81	2.16	.76	.79	-2.57*	.05
Worried	1.38	.62	1.59	.72			
<u>SEQ</u>							
SEQ Overt Victimization	7.38	3.01	7.62	3.00			
SEQ relational Victimization	8.88	4.03	9.76	3.06			
SEQ Recipient of Prosocial Behavior	13.00	3.27	14.95	3.21	.62	-2.01*	.05
<u>RCADS</u>							
Depression	49.50	13.52	51.73	9.74			
Social Phobia	44.88	11.29	46.78	8.31			
Total Anxiety and Depression	46.81	13.01	49.68	9.23			
Generalized Anxiety	41.38	9.51	49.11	9.21	.85	-2.78*	.05
<u>CBCL</u>							
Internalizing Scale	51.75	6.67	52.50	9.19			
Externalizing Scale	49.25	9.65	50.86	8.67			
Anxious-Depressed	54.38	5.37	55.14	7.51			
Aggressive Behavior	53.88	4.36	54.25	6.70			

* $p < .05$

Table 6a.

Teasing Scenario Correlations for Coping Factors, Anticipated Emotion, Adjustment Indices, and Peer Experiences

Teasing Scenario Coping Factors				
	Aggressive Coping	Ruminating Coping	Positive Reappraisal Coping	Support Seeking Coping
SCORE Coping Factors and Emotions				
Aggressive Coping	--	.31*	.04	.15
Ruminating Coping	.31*	--	.06	.27
Positive Reappraisal Coping	.04	.06	--	.08
Support Seeking Coping	.15	.27	.08	--
Mad	.29*	.15	.01	.32*
Sad	.04	.32*	.08	.11
Worried	.15	.34*	.17	.53**
CBCL				
Aggressive Behavior	.18	-.03	.04	-.03
Anxious Depressed	-.06	.19	.20	.07
Internalizing Symptoms	-.13	.17	.25	.08
Externalizing Symptoms	.16	-.04	-.07	-.01
RCADS				
Generalized Anxiety	.18	.30*	-.12	.13
Social Phobia	.38**	.34*	-.04	.03
Depression	.38**	.31*	-.05	.06
Anxiety and Depression	.46**	.36**	-.02	.15
SEQ				
Overt Victimization	.42**	.34*	-.11	.28*
relational Victimization	.36**	.50**	-.06	.25
Recipient of Prosocial Behavior	-.13	-.16	.41**	.34*

** $p < .01$, * $p < .05$

Table 6b.

Exclusion Scenario Correlations for Coping Factors, Anticipated Emotion, Adjustment Indices, and Peer Experiences

		Exclusion Scenario Coping Factors			
		Aggressive Coping	Ruminating Coping	Positive Reappraisal Coping	Support Seeking Coping
SCORE Coping Factors and Emotions					
	Aggressive Coping	--	.58**	.12	.20
	Ruminating Coping	.58**	--	.24	.24
	Positive Reappraisal Coping	.12	.24	--	.08
	Support Seeking Coping	.20	.24	.08	--
	Mad	.48**	.36**	.04	.28*
	Sad	.24	.59**	.11	.24
	Worried	.09	.05	-.08	.15
CBCL					
	Aggressive Behavior	.14	.00	.02	-.08
	Anxious Depressed	-.06	.14	.13	.11
	Internalizing Symptoms	-.15	.08	.17	.13
	Externalizing Symptoms	.08	.02	-.08	-.02
RCADS					
	Generalized Anxiety	.26	.32*	-.01	.09
	Social Phobia	.41**	.45**	.04	-.04
	Depression	.47**	.40**	-.10	.17
	Anxiety and Depression	.51**	.45**	.00	.15
SEQ					
	Overt Victimization	.45**	.34*	-.09	.28*
	Relational Victimization	.36**	.51**	-.01	.16
	Recipient of Prosocial Behavior	-.20	-.19	.16	.44**

** $p < .01$, * $p < .05$

Table 7. *Correlations for Scenario-Specific Emotion, Adjustment Indices, and Peer Experiences*

		<i>Teasing Scenario</i>			<i>Exclusion Scenario</i>		
<i>SCORE</i>	<i>Teasing Scenario</i>	Mad	Sad	Worried	Mad	Sad	Worried
	Mad	--	.19	.33*	.43**	.25	.08
	Sad	.19	--	.27	-.08	.44**	.10
	Worried	.33*	.27	--	.21	.40**	.33*
	<i>Exclusion Scenario</i>						
	Mad	.43**	-.08	.21	--	.41**	.22
	Sad	.25	.44**	.34**	.41**	--	.22
	Worried	.08	.10	.33*	.22	.22	--
<i>CBCL</i>	Aggressive Behavior	.04	.04	-.03	.10	.03	-.09
	Anxious Depressed	.21	.18	.06	.05	.26	-.17
	Internalizing Symptoms	.18	.08	.03	-.02	.17	-.25
	Externalizing Symptoms	.12	.07	.00	.11	.15	-.01
<i>RCADS</i>	Generalized Anxiety	.17	.27*	.27*	.22	.20	.11
	Social Phobia	.08	.28*	.21	.27+	.38**	.14
	Depression	.12	.11	.12	.12	.22	.00
	Anxiety and Depression	.09	.22	.18	.20	.32*	.11
<i>SEQ</i>	Overt Victimization	.11	.12	.13	.27+	.28*	.30*
	Relational Victimization	.05	.16	.13	.33*	.40**	.14
	Recipient of Prosocial Behavior	.25+	.15	.25+	.08	.06	-.01
	Gender	.07	.32*	.32*	-.06	.34*	.15
	Age	-.38**	.08	-.24	-.15	-.17	-.16

** $p < .01$, * $p < .05$, + $p < .1$

Table 8. *Intercorrelations for Adjustment Indices and Peer Experiences*

	1	2	3	4	5	6	7	8	9	10	11	12	13
<i>CBCL</i>													
1. Aggressive Behavior	--	.11	.25	.87**	.09	.11	.13	.12	.16	.40**	-.07	.03	.19
2. Anxious Depressed	.11	--	.78**	.08	.19	.20	-.05	.04	-.16	-.06	.06	.05	.03
3. Internalizing Symptoms	.25	.78**	--	.28*	.09	.12	-.06	.00	-.14	-.05	.15	.04	.00
4. Externalizing Symptoms	.87**	.08	.28*	--	.17	.17	.18	.20	.19	.41**	-.12	.08	.12
<i>RCADS</i>													
5. Generalized Anxiety	.09	.19	.09	.17	--	.69**	.57**	.76**	.39**	.37**	-.17	.36**	.06
6. Social Phobia	.11	.20	.12	.17	.69**	--	.58**	.79**	.40**	.39**	-.28*	.10	.19
7. Depression	.13	-.05	-.06	.18	.57**	.58**	--	.88**	.47**	.46**	-.18	.10	-.09
8. Anxiety and Depression	.12	.04	.00	.20	.76**	.79**	.88**	--	.55**	.49**	-.18	.13	.11
<i>SEQ</i>													
9. Overt Victimization	.16	-.16	-.14	.19	.39**	.40**	.47**	.55**	--	.68**	-.17	.04	-.12
10. Relational Victimization	.40**	-.06	-.05	.41**	.37**	.39**	.46**	.49**	.68**	--	-.30*	.12	-.14
11. Recipient of Prosocial Behavior	-.07	.06	.15	-.12	-.17	-.28*	-.18	-.18	-.17	-.30*	--	.27*	-.01
<i>Demographics</i>													
12. Gender	.03	.05	.04	.08	.36**	.10	.10	.13	.04	.12	.27*	--	-.05
13. Age	.19	.03	.00	.12	.06	.19	-.09	.11	-.12	-.14	-.01	-.05	--

** $p < .01$, * $p < .05$, + $p < .1$

Table 9

Regression Analyses Predicting Support-Seeking Coping

		<i>Teasing Scenario</i>			<i>Exclusion Scenario</i>			
		<i>B₁</i>	<i>Se B</i>	β		<i>B₁</i>	<i>Se B</i>	β
Step 1:	ΔR^2	.27**				.33**		
	SEQ Total Victimization	.25	.08	.40 **		.20	.06	.38 **
	SEQ Receipt of Prosocial Behavior	.38	.11	.45 **		.40	.09	.54 **
Step 2:	ΔR^2	.16**				.02**		
	Mad	.12	.14	.10		.11	.13	.11
	Sad	-.10	.11	-.11		.03	.10	.04
	Worried	.40	.13	.40 **		.04	.11	.05

Note: Unstandardized beta weights, Standard Errors for betas, and standardized beta weights are presented from the step of the regression model at which they were entered.

*** $p < .01$, * $p < .05$, + $p < .1$

Table 10

Regression Analyses Predicting Positive Reappraisal Coping

		<i>Teasing Scenario</i>			<i>Exclusion Scenario</i>		
		<i>B₁</i>	<i>Se B</i>	β	<i>B₁</i>	<i>Se B</i>	β
Step 1:	ΔR^2	.16**			.03		
	SEQ Total Victimization	.01	.08	.02	-.01	.10	-.01
	SEQ Receipt of Prosocial Behavior	.35	.11	.41 **	.15	.14	.16
Step 2:	ΔR^2	.05*			.02		
	Mad	-.15	.17	-.13	.01	.20	.01
	Sad	.01	.13	.01	.14	.16	.14
	Worried	.11	.15	.11	-.11	.17	-.10

** $p < .01$, * $p < .05$, + $p < .1$

Table 11

Regression Analyses Predicting Aggressive Coping

		<i>Teasing Scenario</i>			<i>Exclusion Scenario</i>			
		<i>B₁</i>	<i>Se B</i>	β		<i>B₁</i>	<i>Se B</i>	β
Step 1:	ΔR^2	.18**				.20**		
	SEQ Total Victimization	.27	.09	.41 **		.29	.09	.41 **
	SEQ Receipt of Prosocial Behavior	-.02	.12	-.03		-.09	.13	-.10
Step 2:	ΔR^2	.08*				.14**		
	Mad	.35	.17	.29 *		.52	.17	.41 **
	Sad	-.06	.13	-.06		-.01	.14	-.01
	Worried	.05	.15	.05		-.07	.14	-.06

** $p < .01$, * $p < .05$, + $p < .1$

Table 12

Regression Analyses Predicting Ruminative Coping

		<i>Teasing Scenario</i>			<i>Exclusion Scenario</i>		
		<i>B₁</i>	<i>Se B</i>	β	<i>B₁</i>	<i>Se B</i>	β
Step 1:	ΔR^2	.22**			.22**		
	SEQ Total Victimization	.26	.07	.45 **	.28	.08	.44 **
	SEQ Receipt of Prosocial Behavior	-.03	.10	-.04	-.07	.11	-.08
Step 2:	ΔR^2	.14*			.25**		
	Mad	.04	.14	.04	.15	.14	.13
	Sad	.18	.11	.21 +	.44	.11	.50 **
	Worried	.26	.12	.27 *	-.15	.12	-.14

** $p < .01$, * $p < .05$, + $p < .1$

Environmental factors

How are peer social experiences (i.e., peer victimization experiences and prosocial peer experiences) related to emotional reactions and coping responses?

Hypothesis 1: Children who report more peer victimization will endorse greater emotional distress overall (all three emotions) in response to peer rejection. Indices of victimization were significantly associated with children's anticipated emotions for *exclusion* only. Overt victimization was associated with sadness ($r=.28, p<.05$) and worry ($r=.29, p<.05$) for *exclusion*, while relational victimization was associated with anger ($r=.33, p<.05$) and sadness ($r=.40, p<.05$) for *exclusion*.

Hypothesis 2: Children who report more peer victimization will report less positive reappraisal coping. Although associations between peer victimization and positive reappraisal were negative, these correlations did not approach statistical significance. However, children's receipt of prosocial acts from peers was positively associated with positive reappraisal coping ($r=.41, p<.01$). Results of hierarchical regression analyses indicate that for *exclusion*, only a trivial amount of variance in positive reappraisal was explained by peer experiences ($\Delta R^2 = .03, ns$), but for *teasing*, 16% of variance in positive reappraisal was explained by peer experiences ($\Delta R^2 = .16, p<.01$). Receipt of prosocial experiences accounted for 14% of the variance in *teasing* ($sR^2 = .14, p < .001$).

Hypothesis 3: Children who report more prosocial peer experiences will also endorse more social support seeking. This hypothesis was supported for both *teasing* ($r=.34, p<.05$) and *exclusion* ($r=.44, p<.01$).

Gender differences

How is gender associated with emotional responses to peer rejection and coping behaviors?

Hypothesis 1: Girls will endorse more intense feelings of sadness and worry in response to peer rejection. As indicated in Table 3, girls endorsed higher levels of sadness for both *teasing* ($d=.74, p<.05$) and *exclusion* ($d=.79, p<.05$). Girls also anticipated more worry in response to *exclusion* ($d=.71, p<.05$). Levels of anger did not differ significantly for boys and girls in either rejection scenario.

Hypothesis 2: Gender will not predict unique differences in coping responses, beyond the contribution of emotional responses. This hypothesis was supported. As indicated in the series of t-tests results (Table 5), there was a trend for girls to report more support seeking coping for *teasing* ($d=.56, p<.1$), although this isolated finding was the only gender difference in coping that emerged.

Secondary analyses

Adjustment indices, emotions, and coping. It is interesting to note that there were no associations between internalizing symptoms reported by caregivers (i.e., CBCL scales) and internalizing symptoms self-reported by children (RCADS scales), as indicated by zero-order correlations displayed in Table 8. Caregivers' ratings of adjustment were not associated with children's anticipated emotions or coping responses for either rejection scenario. On the other hand, child-reported internalizing symptoms were associated with both emotions and coping factors. Specifically, children's self-reported social phobia symptoms were associated with sadness for both exclusion ($r=.28$,

$p < .05$) and teasing ($r = .38, p < .01$). Generalized anxiety was also associated with sadness ($r = .27, p < .05$) and worry ($r = .27, p < .05$) for *teasing*.

Although RCADS scales were not associated with anger for either rejection scenario, internalizing symptoms did predict aggressive coping for both scenarios, and this finding was unanticipated. For *teasing*, coping was associated with Social Phobia ($r = .38, p < .01$), Depression ($r = .38, p < .01$), and Total Anxiety and Depression ($r = .46, p < .01$). For *exclusion*, aggressive coping was associated with Social Phobia ($r = .41, p < .01$), Depression ($r = .47, p < .01$), and Total Anxiety and Depression ($r = .51, p < .01$). Not surprisingly, RCADS scales were also associated with ruminative coping for both rejection scenarios (see Table 8).

Paired samples t-tests. Secondary analyses were conducted to examine whether, for each scenario, there were differences children's anticipated emotional intensity. Children reported higher levels of worry for *teasing* than for *exclusion* ($d = .44, p < .05$). Results indicated no differences in levels of anger or sadness between the two scenarios.

Child age. Although age was not explicitly addressed in study hypotheses, zero-order correlations revealed that age was associated with several variables central to this study (see correlations with age in Tables 7 and 8). Age was negatively correlated with support seeking for both teasing ($r = -.35, p < .05$) and exclusion ($r = -.44, p < .01$). Age was also negatively associated with ruminative coping ($r = -.30, p < .05$) for exclusion. For *teasing*, age was negatively associated with anger ($r = -.38, p < .01$) and was marginally negatively associated with worry ($r = -.24, p < .1$).

Discussion

This study offers preliminary evidence that emotions are related to children's coping in response to peer rejection, as findings indicate unique associations between discrete emotions and coping behaviors. Sandstrom (2004) surmised that in response to peer rejection experiences, children's subjective emotional distress and the form this distress takes (anger, anxiety, sadness) might differentially predict coping and subsequent psychological adjustment. This study builds on previous research by exploring how children's anticipated emotional responses (i.e., anger, sadness, and worry) are associated with unique coping behaviors (i.e., ruminative coping, support-seeking coping, positive reappraisal, and aggressive coping) in response to peer rejection experiences. The use of standardized rejection scenarios is a strong feature of this study, as this study is the first to contrast findings for two common types of peer rejection experiences.

Overall, the findings suggest that emotional context (i.e., emotion states—anticipated emotions in a rejection experience—and more stable “emotional tendencies” such as psychological symptoms) and social context (i.e., children's peer experiences, both positive like receiving support and negative such as victimization) play important roles in children's coping with peer rejection. Specifically, children's emotions were associated with coping responses after controlling for peer experiences. Results also suggested some support for the idea that children who have experienced more peer rejection will react with more emotional intensity to future rejection. Finally, gender differences appeared to be important in understanding these findings. Girls were more likely to anticipate feeling sad or worried in response to rejection. However, no sex differences were found for anticipated anger. These findings extend our knowledge of the

factors associated with children's coping with challenging peer experiences. Furthermore, they provide an empirical foundation for the development of interventions to facilitate adaptive reactions to peer rejection.

Emotion-related Factors

Emotional States

Anger. Anger was associated with aggressive coping for both *teasing* and *exclusion*. Interestingly, anger was also associated with support seeking for both rejection scenarios. While "support seeking" in this study includes items that reflect advice seeking (e.g., *I get advice from another kid about how to handle the teasing*), Kochenderfer-Ladd's (2004) study found that children's anger was unrelated to advice seeking. Thus, the positive association between anger and support seeking in response to peer stress is not supported by previous empirical research. The present findings indicate that anger is associated with some behavior (i.e., support seeking) traditionally considered "adaptive" (Kochenderfer-Ladd, 2004), "constructive" (Tangney, 1996), or "prosocial" (Sandstrom, 2004), as well as some behavior (i.e., aggression) that is considered "maladaptive" (Kochenderfer-Ladd, 2004), "destructive" (Tangney, 1996) or "antisocial" (Sandstrom, 2004). Both aggressive coping and support seeking might be conceptualized as efforts to influence events or conditions, although only support seeking has been considered under the rubric of "primary control coping"⁴.

Worry and Sadness. Sadness was associated with ruminative coping for both rejection scenarios, while worry was associated with ruminative coping for only *teasing*.

⁴ Connor-Smith et al. (2000) do not include aggressive coping on the Responses to Stress Questionnaire. The construct of emotional expression (a form of primary engagement coping) as measured by Connor-Smith et al. (2000) overlaps considerably with support seeking in this study.

Similarly, worry was associated with support-seeking coping for only *teasing*. Thus, while sadness was a salient predictor of ruminative coping for both *teasing* and *exclusion*, worry was associated with coping responses (i.e., ruminating coping and support seeking) only for *teasing*. Results also indicated that children endorsed more worry for *teasing* than for *exclusion*.

Socio-Emotional Functioning: Psychological Adjustment Indices.

Although child-reported internalizing symptoms were positively correlated with aggressive and ruminative coping for both rejection scenarios, the associations between internalizing symptoms and anticipated emotions were less robust. Interestingly, correlations for the RCADS Depression scale and emotions did not reach statistically significant levels, while the RCADS Social Phobia scale was positively correlated with sadness for both rejection scenarios. Future research might examine the cognitive mechanisms (e.g., interpersonal appraisals and attributions) that help to explain the association between social anxiety and sadness. It may be that socially-anxious children appraise rejection scenarios differently (i.e., these children perceive more relational devaluation and interpersonal rejection, or that relational devaluation is more threatening to one's self-esteem). As such, the relationship between negative interpersonal appraisals (perceptions of others' reactions to oneself) and subsequent emotional reactions may be stronger socially-phobic children. To use the analogy of a meter described by Leary (1998), the "sociometer" (internal gauge of how self is perceived by others that in turn influences state self-esteem and emotions) may be calibrated differently for socially-anxious individuals.

Peer Experiences

This study also examined the role of peer victimization and prosocial experiences (receipt of prosocial acts from peers) in predicting emotional and coping responses to peer rejection experiences. Results provide partial support for the hypothesis that children who report more peer victimization will endorse greater emotional distress in response to peer rejection, as these associations were statistically significant in *exclusion* only. Social-information processing theory would suggest that children who are victimized are more likely to attribute malicious intent to the rejecting children in each scenario; thus, victimized children would be more likely to perceive threat, insult, or injustice and to subsequently display higher emotional arousal (Bierman; 2004; Crick & Dodge, 1994). Although Kochenderfer-Ladd (2004) found that children who were victimized endorsed higher emotional arousal in response to hypothetical peer victimization, the stressor (peer victimization scenario) was less specific and standardized than the stressor in the present study (i.e., results did not control for whether the child's responses were based on the experience of physical or verbal victimization). Although both types of experiences would fall under the rubric of "overt victimization", physical and verbal victimization are qualitatively different and may elicit different responses from children. As Compas et al. (2001) underscored, interpretive ambiguity around the nature of the stressor limits our abilities to compare findings across studies. In the present study, the stressors (*exclusion* and *teasing*) were specific, standardized, and examined separately.

In addition, victimization predicted ruminative coping, support seeking coping, and aggressive coping for both *teasing* and *exclusion*. Although the positive association between prosocial acts from peers and social support seeking was expected, the positive association between victimization and support-seeking was unanticipated. This positive association is encouraging (albeit surprising), given that previous findings suggest victimized children are *less* likely than their non-victimized peers to report seeking social support in response to peer victimization (Kochenderfer-Ladd, 2004). In both studies, participants were not considered to be “at-risk” for social or psychological adjustment problems. Future analyses might examine potential moderators (e.g., prosocial acts from peers, psychopathology) of the relationship between victimization and support seeking, to shed light on these contradictory findings.

Prosocial peer experiences also predicted positive reappraisal for *teasing*, while no emotions were associated with this coping factor. While positive reappraisal is considered *coping* (i.e., “secondary control” coping, see Connor-Smith et al, 2000), this construct might also reflect a non-conscious cognitive filter through which experiences are appraised. Although the term “reappraisal” denotes some kind of change in cognitions/attribution (a.k.a. “cognitive restructuring”) or re-evaluation of events, this study can not definitively examine the existence of reframing or *re*-appraisal that is different from one’s initial appraisal. It is also important to consider that “positive reappraisal” items used in this study tap the child’s subjective importance ascribed to peer approval (e.g., I tell myself I don’t really care what the kids who are teasing me think anyway”). As such, this coping factor may be more aptly conceptualized as a cognitive attributional tendency, such as the importance ascribed to peer acceptance or

“peer importance” that has been shown to buffer the association between peer rejection and depression (Prinstein & Akins, 2004). In this regard, positive reappraisal may protect children from experiencing *initial* emotional distress (i.e., emotional arousal) in response to rejection experiences, as well as long-term social and emotional maladjustment. Thus, while cognitive reappraisal has traditionally been considered a form of secondary control coping (a response to stress that is under conscious control), it may also be conceptualized as an automatic, non-conscious form of coping that serves to “short-circuit” emotional reactions. Nevertheless, there were no negative associations between reappraisal and emotions.

Sex differences

Findings from this study support a growing literature base to suggest that girls react to negative peer social interactions with more distress and hurt feelings than do boys (e.g., Crick, 1995; Galen & Underwood, 1997; Kochenderfer-Ladd, 2004). Boys and girls reported comparable levels of anger whereas girls reported more sadness and worry than their male counterparts; these results are also in agreement with previous findings in the literature (e.g., Kochenderfer-Ladd, 2004; Paquette & Underwood, 1999; Tangney et al., 1995). Although Tangney et al. found that boys favored more aggressive responses to anger and that girls favored more prosocial responses to anger, results did not support these sex differences in coping. It is also important to acknowledge that girls reported more generalized anxiety and more prosocial experiences than did boys in our sample. A larger sample size will allow future analyses to tease apart the role of gender from associations between emotions, coping, and adjustment. For example, under what circumstances do associations between emotions, coping, peer socialization, and

adjustment transcend gender roles or dispositional sex differences? Under what circumstances does gender act as a moderator of these associations?

Implications and Directions for Future Research

As Izard (2002) underscored, motivation and adaptation are the core defining features of emotions, and empirical research in this area can help to refine affect-centered prevention and intervention programs. Although theory suggests that emotions are inherently adaptive, Izard (2002) acknowledges that “any emotion that runs out of control in terms of frequency or intensity can have maladaptive effects” (p.764). Thus, children who lack skills in emotion understanding and emotion regulation are unable to utilize the organizational and adaptive functions of emotions. Given preliminary evidence that children with psychological disorders are deficient in emotion understanding and regulatory skills (Southam-Gerow & Kendall, 2002), it will be important to investigate whether anxiety and depression moderate associations between children’s emotional reactions and coping responses to peer rejection.

More specifically, children who indicate clinically-significant internalizing psychopathology (i.e., depression or social anxiety) might endorse less support seeking and more ruminative coping strategies associated with negative emotions (i.e., sadness or worry). Unfortunately, the present study does not allow for an adequate test of this hypothesis due to insufficient statistical power to detect moderating effects. More importantly, because participants in the present study were not clinic-referred, few children indicated clinically-significant levels of psychopathology (i.e., T-score > 65)⁵.

⁵ Clinically-significant cases (T-score>65) were as follows: Generalized Anxiety (N=1); Social Phobia (N=2); Depression (N=7), and Total Anxiety and Depression (N=5).

Because indices of internalizing psychopathology (e.g., RCADS scales for Social Phobia, Depression, and Generalized Anxiety Disorder) were normally distributed, most cases fell in the middle of the distribution (i.e., non-clinical range). Future research with clinic-referred children might better address the role of psychopathology as a moderator, by comparing clinic-referred children with non-clinic referred children.

Inclusion of a clinical sample would also be useful to advance our understanding of emotional response patterns in children who need therapeutic interventions. Children's emotional responses to peer rejection may indicate salient emotional patterns (e.g., worry-sadness, sadness-anger) associated with unique types of psychopathology, although empirical research has not caught up with theory in this regard (Izard, 2002). Future analyses might investigate a wider variety of emotional responses (e.g., embarrassment, shame) to further understand emotional response patterns associated with psychological symptoms and coping responses. Although children with psychopathology may be less adept at accurately self-reflecting on their emotional states (i.e., emotion understanding deficits), children's *subjective interpretation of emotion* in response to standardized stressors provides an important foundation on which to build future research and eventually refine empirically-based interventions for rejected children.

Qualitative analyses might provide further insight into the phenomenology of children's emotional responding and associated labeling of emotions. For example, how do children describe physical sensations associated with various emotions, and how do children differentiate between negative affective states? Asking children to reflect on recent "real life" stressors—rather than hypothetical scenarios—may be fruitful in this regard. New methods for assessing physiological and social-emotional responses to

recurring real life stressors include interview questions to tap children's description of the emotional experience as well as procedures to gauge physiological arousal (Ewart, Jorgensen, Suchday, Chen, & Matthews, 2002). Future researchers must tackle the dilemma of breadth versus specificity in measurement of the stressor, as it is not always possible to "standardize" children's salient *real-life* stressors.

On a related note, future studies might investigate whether social nuances unique to each rejection scenario help to explain why associations between children's anticipated emotions and coping responses were not always robust across scenarios. For example, why was worry a more salient predictor of coping responses for *teasing* than for *exclusion*? It may be that children are more likely to appraise being teased and laughed at by peers as socially threatening; thus, the appraisal of *threat* (i.e., to one's social reputation) and subsequent endorsement of worry is higher for teasing than for exclusion. The experience of exclusion, on the other hand, may elicit an appraisal of being *devalued* or *disregarded* by another individual. As a result of the perceived *decline* in relational valuation (i.e., rejected individual feels regarded less highly by peers than before) and subsequent *sense of loss*, feelings of sadness may be more salient than worry. Emotions may be determined by only minor nuances in attributions, as individuals monitor the social environment for cues relevant to relational evaluation (Leary, 1998). Here again, qualitative data (e.g., daily diary reports and interview methods) will be useful to further examine theory in context.

Context may be determined not only by the type of stressor (e.g., rejection experience) but also by the resources available (e.g., peer support and close relationships) to effectively cope with stress. Children who have close friends may benefit more from

support seeking than children who lack close friendships. Children who *seek* social support but do not *perceive* adequate support or reassurance from peers may be less likely to experience reductions in emotional distress. If seeking social support is akin to “excessive reassurance seeking” for some children, this coping behavior may, under some circumstances, be maladaptive. Furthermore, support from deviant or antisocial peers (as opposed to prosocial peers) might lead children down antisocial trajectories, adding another layer of complexity to be considered in future research.

Future studies might also examine whether associations between sociometric status (i.e., the extent to which a child is rejected or accepted according to peer reports) and adjustment indices are moderated by emotional and coping responses, building on recent work by Sandstrom et al. (2004) that did not investigate the role of emotions. School-based interventions for rejected children might benefit from this type of research, given that rejected children are heterogeneous in their presenting problems and cognitive-emotional responses to rejection (Bierman, 2004). Zakriski et al. (1997) highlighted evidence to suggest that different subtypes of rejected children perceive negative peer feedback differently (i.e., perceived rejected status and attributions of self-blame are higher for nonaggressive-rejected children). However, empirical literature to date has generally overlooked how subtypes of rejected children *respond* (behaviorally) to specific attributions and feelings about rejection. For example, we might expect that aggressive-rejected children endorse aggressive coping in response to peer rejection. However, parent-reported aggression (as measured by the CBCL) was not associated with aggressive coping in this study, despite positive associations between parent-reported aggression and child-reported relational victimization. Similar research endeavors that

include measurement of peer-reported sociometric status should help to further elucidate how aggressive-rejected children vs. aggressive-accepted children respond differently to rejection experiences.

Limitations

Dominant limitations of the present study include a cross-sectional design and small sample size. Low statistical power precludes interpretation of more sophisticated analyses investigating potential moderating effects of study variables. For example, the non-clinical sample does not allow us to investigate whether psychopathology moderates associations between emotions and “adaptive” coping strategies. As such, implications for intervention programs are limited, because findings may not generalize to children considered “at risk” or in need of therapeutic intervention. Our inability to consider peer-rated sociometric status (i.e., rejected vs. accepted status) is another important limitation.

Although the Likert scale measurement of emotions in response to standardized rejection scenarios provides some groundwork for further study, such paper-and-pencil measures may only provide a rough gauge of children’s subjective interpretation of emotion. The relatively low cross-situational consistency in emotions (as compared with coping factors) may reflect genuine differences in children’s anticipated emotions for two different types of rejection experiences; alternatively, this finding may be due to limitations of the measurement model (e.g., ratings for emotion (3-point) and coping (4-point) scales were not identical).

Despite its limitations, this study provides preliminary evidence for the role of emotions as predictors of children’s coping with peer rejection. Findings highlight unique associations between discrete emotions and coping behaviors, supporting theory

that emotions have distinct motivational-behavioral properties. This study provides an empirical foundation for future studies to investigate the role of emotional context and social context in children's coping with peer rejection. Findings highlight several important questions and directions for future research, with implications for developing and refining empirically-based interventions for children who experience peer rejection.

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Appendix

Table A1.

Factor analysis results as published in Sandstrom (2004)

<i>Active coping</i>	<i>Denial coping</i>
Tell them they are making me feel bad	Tell myself it doesn't matter very much
Tell my teacher	Tell myself I don't care those kids think anyway
Get advice from another kid	Ignore those kids and act like nothing is going on
Get help from another kid	Just try to forget about it
Talk to an adult about how it made me feel	Tell myself I'm an okay kid
Try to think of different ways to fix it	
	<i>Ruminating coping</i>
Get them to do something else instead	Wish I could make things different
Figure that still like me anyway	Keep thinking about it
Think about happy things to take my mind off it	Worry about it
Pray	Get away from those kids and stay by myself
Try to be funny or make a joke	
<i>Aggressive coping</i>	
Come up with a way to get even	
Act angry or argue	
Tease them back/leave them out	
Get into fights	
Decide not to be nice to them	

Table A2.

Participant Characteristics: Crosstabulation of gender and age

<i>Child age</i>	<i>Number of males</i>	<i>Number of females</i>	<i>Total</i>
7	1	5	6
8	1	4	5
9	5	6	11
10	3	7	10
11	3	9	12
12	3	6	9
Total	16	37	53

Vita

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